

A/B, 2, 20/2

VIA: AIR

SPECIFY AIR OR SEA POUCH

H-B/3
DISPATCH NO.

CLASSIFICATION

TO
ATTN:
FROM

Chief

DATE: MAR 16 1954

A
G

SUBJECT: GENERAL Security

SPECIFIC: Transmittal of ARTICHKE Report

1. Transmitted herewith is the report of [REDACTED] covering the first ARTICHKE operation conducted since his arrival in this area. The forms described in [REDACTED] have not, as yet, been received but it is believed that the salient points have been covered. If, upon receipt of the forms, it is determined that additional details are indicated, a supplemental report will be made. A B/3

2. It will be noticed from the attached report made that prior to the actual use of ARTICHKE, considerable time and effort must be spent in effecting the cover arrangements and necessary rapport with the SUBJECT.

3. The results obtained by [REDACTED] in his use of ARTICHKE far exceeded the expectations of the [REDACTED]. No doubt the fact that [REDACTED] could converse with SUBJECT in his native tongue contributed to this success. A B/3

4. Of necessity, SUBJECT's [REDACTED] was present during the interrogation and, of course, is familiar with the findings. Appropriate officials are being advised of the results of the interrogation. It is requested that appropriate officials in the Division be apprised of the findings within the limitations of security. B/3

ENCLOSURE:

B/3
[REDACTED] ARTICHKE Rept (2 cc)
w/Indic Rept (2 cc) and 1 Tape
Recording [REDACTED] F
attached thereto.

13 March 1954

Distribution:

3-Addressee w/

Encls as noted.

CLASSIFICATION

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A/B, 2, 20/1

TO : Director of Security
VIA : Deputy Director of Security
VIA : Chief, Security Research Staff

FROM : Chief, Technical Branch

SUBJECT: ARTICHOKE Case #1

H-B13

1. Set out below is a resume statement of the first case handled by the ARTICHOKE Team between mid-February 1954 and 7 March 1954 at [REDACTED]. According to cover memorandum from [REDACTED], "the results obtained by [REDACTED] (ARTICHOKE Team Chief) in his use of ARTICHOKE far exceeded the expectations of the Chief [REDACTED]."

CASE DESCRIPTION

B/3 2. After two and one-half years of employment as [REDACTED] agent of [REDACTED] was brought out of [REDACTED] for debriefing and planning of future operations. He was brought to [REDACTED] and isolated in a safe house. ARTICHOKE operations were conducted at this site.

B/3 3. [REDACTED] is an important covert operational asset [REDACTED] and to properly evaluate his past reports; to accept or not accept his past accounts or future budgets; to determine his future potentialities and clearly re-establish his bonafides, it was decided to employ the ARTICHOKE techniques.

4. Because of the extreme importance of [REDACTED] if his bonafides were established, exceptional consideration was given to the treatment of this individual by the ARTICHOKE Team as may be seen from the following.

COVER FOR ARTICHOKE OPERATION

A 5. On 18 February 1954, [REDACTED] became ill with influenza (and other complications) and on the following days this illness became progressively worse. In view of the illness, [REDACTED], who is a medical doctor, felt this afforded a most opportune situation to establish rapport with [REDACTED] on a professional basis. [REDACTED] treated [REDACTED] with various injections and medications and by 22 February, [REDACTED] stated he was feeling fine. Due to the medication and its successful application, [REDACTED] became grateful to and apparently very friendly with [REDACTED]. Taking advantage of this, A [REDACTED] advanced a pseudo-explanation to [REDACTED] that part of his medical problem undoubtedly was due to his poor nutritional condition incurred by B/3

F living [redacted] accepted [redacted] explanation completely. [redacted] recommended daily injections of vitamins, etc. "to build up the poor, weakened condition" of [redacted]. From 26 February 1954 until 4 March 1954, daily visits and intramuscular injections of vitamins were given to [redacted] by [redacted].

B/3 A
A
B/3

6. On 4 March 1954, it was decided by [redacted] and [redacted] (Associate) that the most opportune moment had arrived to submit [redacted] to ARTICHOKE. [redacted] by this time, had fully recovered and was in excellent spirits. On 4 March 1954 at 1630 hours, an intravenous injection of "fluids and vitamins" was started at the request of [redacted]. From 2000 hours, 4 March to 0800 hours, 5 March, ARTICHOKE was performed.

A
B/3

7. On 6 March, to cover the condition in which [redacted] found himself because of ARTICHOKE, he was told that he had "suddenly been stricken with a virus and had become irrational and had a fever of 103°." [redacted] was again treated and brought "back to health" by 7 March 1954.

B/3

ARTICHOKE INTERROGATION

8. As stated above, [redacted] was held under ARTICHOKE techniques for approximately twelve hours from 2000 hours, 4 March, to 0800 hours, 5 March. The direct interrogation, which lasted approximately one and one-half hours during this period was conducted in [redacted] by [redacted] and [redacted]. Full details of this interrogation, including a complete tape recording, are held in the ARTICHOKE files. A study of this interrogation, without actual knowledge of the operations involved very clearly reflects that [redacted] and [redacted] obtained significant material on a considerable number of subjects. This interrogation record and the tape recording [redacted] are available for study, if required.

A

B/3
A

9. It should be noted that the entire interrogation was conducted using standard ARTICHOKE techniques and chemicals and [redacted] application of these techniques was entirely successful.

A

10. It should also be noted that his attempt at hypnosis, according to [redacted] own report, was unsuccessful. In this connection, [redacted] application of hypnosis in the last fifteen minutes of the interrogation after extensive use of chemicals and after [redacted] had vented is not a recommended procedure based on past experience by the ARTICHOKE group. However, in view of the successful use of chemicals [redacted] deviation from usually prescribed techniques is not to be criticized.

A
B/3
A

CONCLUSIONS

11. [redacted] report reflects, that, in his opinion, [redacted] gave the information "spontaneously, truthfully and unwittingly" and there is "no reason to doubt the success of ARTICHOKE in this case" for the following reasons:

B/3

- A. [redacted] mode of speech, choice of words, context of answers, reactions and behavior indicate a true response to ARTICHOKE.

B/3

B. Physical signs exhibited by [REDACTED] could not be feigned and are the known and expected reactions to ARTICHOKE. B/3

(1) Increased heart rate (120 to 125).

(2) Flushed and hot skin.

(3) Increased respiration rate.

(4) Dilated pupils, no reaction to light and accommodation.

C. [REDACTED]'s answers checked out against pertinent and established material on file.

D. Certain new items of information were given which had previously been withheld on the grounds of security. B/3

E. Spontaneous queries made by [REDACTED] during his recovery period indicated clearly that [REDACTED] had no recollection of what had transpired other than the fact that he had been very ill.

F. A subsequent monitored session between [REDACTED] and [REDACTED] agent, [REDACTED] apparently on 8 March indicated that [REDACTED] had accepted the "cover story" given him and had no suspicion that anything was amiss. In support of this [REDACTED] also was impressed by the authenticity of the story and assigned a cook from his personal staff to act as nurse for [REDACTED] during his recovery. B/3

A 12. [REDACTED] concluded his report as follows:

A. That the bonafides of [REDACTED] are in order based on operational and technical information obtained under ARTICHOKE.

B. [REDACTED] made recommendations to improve certain elements surrounding [REDACTED] which [REDACTED] felt would build up the morale of, and improve the future loyalty and effectiveness of [REDACTED]. Apparently [REDACTED] recommendations were accepted and implemented in this connection. B/3 A A

SPECIAL COMMENTS

A A. As noted above, [REDACTED] use of the H techniques during the last fifteen minutes of a very long interrogation and after massive use of chemicals is not regarded by the ARTICHOKE group as optimum procedure.

[REDACTED]

A

B. Professional consultants to ARTICHOKÉ, in examining [REDACTED] report, particularly the medical descriptions, are agreed that [REDACTED] did not use previously tested medications or the approach that had been made in other ARTICHOKÉ problems; however, it is admitted that this again must be left to the judgment of the ARTICHOKÉ representative in the field at the time of the operation. Professional consultants, however, are agreed that [REDACTED] took certain (probably calculated) chances in using the massive dosages of chemicals in connection with this case, although ultimate results apparently justified the measures taken.

C. It is recommended a letter be forwarded via [REDACTED] to [REDACTED] congratulating him on the successful handling of this case and following this up with "routine" suggestions concerning a different use of the H technique and a lessening of dosages or changing of the dosages of the chemicals.

A [REDACTED]

4/8, 2, 20/3

Attachment # 1' to [REDACTED]

14-B/3

MAR 16 1954

13/3

REMARKS:

1. To determine the bona fides of [REDACTED] B/3

2. After two and one-half (2½) years of clandestine activities [REDACTED] was brought out to [REDACTED] for debriefing and planning of future operations for the [REDACTED] in the [REDACTED]. To know the true bona fides of [REDACTED] would offer immeasurable aid in evaluating his information and guidance in planning future operations. Therefore, under ARTICHOKE techniques, the determination was made that the bona fides of [REDACTED] was in order. In this case, there was no reason to doubt the success of ARTICHOKE. To date, there is no indication that [REDACTED] has any knowledge that ARTICHOKE was performed upon him.

F

B/3

[REDACTED] A

B/3

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ENCL 1 TO _____

B/3

I. MISSION:

1. To determine the bona fides of [REDACTED] under ARTI-
CHOKE.

B/3

II. CASE: - [REDACTED]

1. After two and one-half (2½) years of employment with [REDACTED], the [REDACTED] was brought out of [REDACTED] for the purpose of debriefing and planning for future operations. The [REDACTED] is located [REDACTED] the [REDACTED] route was [REDACTED] Here [REDACTED] was kept isolated in a safehouse located [REDACTED]

B/3

F

F

B/3

2. [REDACTED] is one of the main and current [REDACTED] assets located [REDACTED]. In order to properly evaluate his past reports, whether or not to accept his past accounts and future budget, to be able to determine the true accessibilities and capabilities of his sub-sources, and most important of all, to intelligently plan future operations depended on the establishment of his bona fides.

B/3

F

3. Due to the long lapse of time since the last contact (1951) between [REDACTED] and [REDACTED] and the mass of information that had been furnished by [REDACTED] through [REDACTED], it was felt that if the overall bona fides of [REDACTED] could be proven, in contrast to the validity of minute items, then future evaluations of specific items could stem from the basic determination.

B/3

4. Because of his current status [REDACTED] if bona fide, is of irreasurable value to [REDACTED] therefore, exceptional consideration had to be given to the fact that adequate cover was maintained so that possible detection of ARTICHOKE activities by [REDACTED] would not jeopardize [REDACTED] position and relationship with [REDACTED]

B/3

ENCL #1 TO [REDACTED]

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III. COVER:

1. On 18 February 1954, [REDACTED] became ill; namely, slight fever, cough, loss of appetite, insomnia and occasional vomiting. [REDACTED] became progressively worse and by 20 February began to have severe, painful, intermittent muscular cramps in his lower jaw, fingers, hands and arms. This then offered the most opportune moment for [REDACTED] to establish initial contact and rapport with [REDACTED] on a professional basis. The diagnosis at the time was:

a. Flu.

b. Tetanic muscular contractions secondary to a hyperventilation syndrome.

c. Psychosomatic manifestations of nervousness, insomnia, excessive worrying, anorexia, hyperventilation and emesis.

2. [REDACTED] was treated by [REDACTED] (intra-muscular and intra-venous injections and medications) and by 22 February, [REDACTED] stated "he was now feeling fine." [REDACTED] became extremely grateful to [REDACTED] and as a result became very friendly and constantly asked for [REDACTED] services. A pseudo-explanation was offered to [REDACTED] that the basis of his medical problem was his poor nutritional condition incurred through living under rugged conditions [REDACTED]. The explanation was promptly accepted and even elaborated on by [REDACTED]. [REDACTED] recommended daily injections of vitamins to "build up the poor weakened condition" of [REDACTED]. From 26 February until 4 March, daily visits and intra-muscular injections of vitamins were given to [REDACTED] by [REDACTED].

3. Throughout this period, intra-venous injections were personally requested by [REDACTED] to "hasten his recovery." It was explained to [REDACTED] that too rapid a "build up" would be hazardous and intra-venous injections would be used only if his response to the "routine treatment" was too slow.

4. On 4 March, it was decided by [REDACTED] and [REDACTED] that the most opportune and profitable moment had arrived for ARTICHKE purposes from two standpoints: first,

ENCL 1 TO [REDACTED]

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operationally, if [REDACTED] refused to talk any further because of possible detection of ARTICHOKÉ, minimum loss would be incurred because sufficient material had been obtained through routine interrogations and secondly, from the technical standpoint, the time had arrived (4 March) whereby if ARTICHOKÉ was not performed, a new medical cover story would have to be devised to account for any further medical treatments. By now, [REDACTED] had fully recovered and was in excellent spirits.

5. On 4 March, 1600 hours, an intra-venous injection of "fluids and vitamins" was started at the request of [REDACTED]. From 2000 hours, 4 March to 0800 hours, 5 March, ARTICHOKÉ was performed. B/3

6. On 6 March, the cover story to account for the condition in which [REDACTED] found himself was essentially: that he had suddenly been stricken by a virus and become irrational and delirious from a fever of 103°.

7. He was treated and brought "back to health" by 7 March.

IV. MEDICAL REPORT:

1. The chronological and medical report of ARTICHOKÉ is attached hereto as a separate enclosure.

V. INTERROGATION UNDER ARTICHOKÉ:

1. Under ARTICHOKÉ, which lasted approximately twelve (12) hours, (2000 hours, 4 March to 0800 hours, 5 March), the following information was obtained. The direct interrogation, which lasted approximately one and one-half (1 1/2) hours was conducted [REDACTED] by [REDACTED] and [REDACTED]. The context and translation of the interrogation is as follows: A

(NOTE: - "INT" as used in this memo means "INTERROGATORS."

INT A - [REDACTED] - INT B - [REDACTED] A

[REDACTED] I must get up ... I must get out of bed ... Let me get up ...

INT A: [REDACTED] lie down, stay in your bed ... there is no need to get excited ... you are among friends ... We are your friends. B/3

ENCL #1 TO [REDACTED]

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INT A: [REDACTED] ... what is your surname? (this query repeated several times) ...

INT A: I can't hear you ... I did not understand what you said ... what did you say your name was? ... What is your name? ...

[REDACTED]: (Finally) - My surname is [REDACTED]

INT A: [REDACTED] - where is your wife? Don't you have a wife?

[REDACTED]: I have a wife ...

INT A: You have a wife? ... How many? ... One or two? ... We must inform your wife by phone that you are very ill ... (Query re wife continued) ...

[REDACTED]: My wife is [REDACTED] ...

INT A: Does your wife have a phone - we must call her and tell her you are ill ...

[REDACTED]: She cannot understand [REDACTED].

INT B: How long have you been away? ... How long have you been here? Do you know where you are? How long have you been here? ...

[REDACTED]: I have been here about half a month ... [REDACTED] commences groaning and complaining of illness).

INT A: Best easy - you know me, I'm the Doctor - I'm here to treat you ... would you like to go to a hospital? ... don't be alarmed, we will make you well ...

[REDACTED]: I do not want any treatment ... (continued groans).

INT A: We must tell your wife that you are ill ...

[REDACTED]: [REDACTED] can tell my wife ... (continued groaning) ... I am hopelessly ill ... I'm sick ... I'm gone ...

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INT A: (Short session where [redacted] assured he knew friends -
INT B: and that the Doctor is here to cure him - help him.
Subject then switched to reason why [redacted] should not
be afraid ... why [redacted] should talk freely with his friends.)

B/3

[redacted]: I talk too much ...

INT A: We are your friends (and so forth) ...

INT A: When [redacted]

[redacted] ...

F

[redacted]: I wasn't sick when I was [redacted] ... I was sick
elsewhere...

INT B: You weren't sick in [redacted]? Oh, you were sick [redacted]
[redacted] - tell us about it - have you had much trouble? ...

F

INT A: (Question of [redacted] illness carried for awhile then
INT B: dropped.)

INT B: Did you come from [redacted] When did you leave [redacted] ...

F

[redacted]: I have not been [redacted] recently ...

INT A: No - then where did you come from? ...

F

[redacted]: I came from [redacted]

INT B: When did you get [redacted]

[redacted]: I arrived [redacted] during December 1953 ...

INT A: Do you have any money? Where is your money? ...

[redacted]: My money is (funds are) with the U.S. Government ...

INT B: When did you arrive [redacted]

F

[redacted]: About half a month ago ...

INT A: How long were you [redacted] ... were you there
long? ... How long were you there? ...

[redacted]: A few hours [redacted]

B/3

B/3

ENCL 1 TO

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[REDACTED] F
INT A: Where else did you go ... after [REDACTED] where did you go?

[REDACTED]: I came here ...

INT A: Where is [REDACTED] ... do you know [REDACTED] B/3
Where is he? ... [REDACTED]

[REDACTED]: [REDACTED] is in [REDACTED]

INT B: Have you seen [REDACTED] ...

[REDACTED]: I met with [REDACTED] before I made this trip ...

INT A: When did you leave [REDACTED] ... How long have you been F
INT B: away from [REDACTED] ... How many months have you been

away from [REDACTED] ...

[REDACTED]: (Crying again). Two to three months ago I left B/3

INT B: Did you go to [REDACTED] ... F

[REDACTED]: I am (live) in [REDACTED] ...

INT B: What did you do while you were in [REDACTED] ...

[REDACTED]: I maintained my cover ...

INT B: What did you do in [REDACTED] ...

[REDACTED]: I operated [REDACTED] ...

INT A: (Question of [REDACTED] illness again raised with agent being

INT B: given assurances and words of sympathy from the interro-
gators).

INT A: Tell us how much money do you have? ... You are not poor,
are you? ...

[REDACTED]: No, I have money ... (considerable babbling at this point -
agent's babbling involved money and his possession of it).

INT A: Where is this money of yours? ... Do you have money in F

ENCLOSURE TO [REDACTED] B/3

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[REDACTED]: All my money is with the government ... (more babbling) ...

INT A: Whose government is your money with? ...

[REDACTED]: (Babbling) ... customs ... government...

INT A: (Extensive direct questioning concerning what govern-
ment [REDACTED] was referring to and exactly what he had done
with his money).

[REDACTED]: (Agent appeared confused; he did not fully grasp the point)
... I'm sleepy ... F

INT B: Who did you meet with when you were [REDACTED]? Did you
meet with the Americans? ...

[REDACTED]: I have no other American friends except those I met in
[REDACTED] ... I'm sleepy ...

B/3
INT B: Where is [REDACTED] B/3

[REDACTED]: ... he is in [REDACTED] ... (agent starts to doze
off and is awakened by INT A.) F

INT A: What does [REDACTED] Is he your friend ... does
he work for you? ... B/3

[REDACTED]: ... He is [REDACTED] ... (agent again dozes
off and is awakened).

INT B: Do you know [REDACTED] ... who is he? Is he a friend of
yours?

[REDACTED]: ... I do not know [REDACTED] B/3

INT B: Don't you know [REDACTED] Do you know where he lives? ...

[REDACTED]: I do not know him (agent starts to doze) .. he didn't
see me ...

INT A: Where [REDACTED]? (This query repeated sev-
eral times.)

[REDACTED]: He is [REDACTED] B/3

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ENCL 51 TO

INT A: Where is [REDACTED] Do you know this man? ... Where is he from? ...

B/3
F

[REDACTED] lives in [REDACTED] ... (agent continues to groan - objects several loud moans - calmed down by the case officers).

INT A: Lie down [REDACTED] take it easy, we are your friends, you will be better in time ...

INT B: [REDACTED] where is he?

B/3
E

INT B: This man [REDACTED] when did you see him last? ... where is [REDACTED] ... is he [REDACTED]

B/3
F

I saw him in [REDACTED]

INT B: Did you see him recently? ...

I saw him [REDACTED] a short time ago ...

F

INT B: Did you see him [REDACTED] ...

Yes, I met him [REDACTED] ...

INT A: (Short time spent in rousing the agent who was beginning to doze again).

INT A: While you were in [REDACTED] did you give [REDACTED] any money? ... When did you give [REDACTED] the money? ... How much money did you give [REDACTED] ...

B/3

... I gave him [REDACTED] (babbling) ... I do not want him ... he went back ...

INT A: [REDACTED] Do you have [REDACTED] ... (question repeated several times) ... You don't have this much money? ... What did you do with this money? ... Where did you put it?

B/3

I don't have [REDACTED] ... (more babbling) ...

B/3

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ENCL A1 TO _____

INT A: What did you do with the [REDACTED] that was given you in
INT B: [REDACTED] ... (Question repeated several times).

B/3

F

[REDACTED]: (Babbling) ... [REDACTED] ...

INT A: What did you do with the [REDACTED] ... Do you have
INT B: [REDACTED] ... didn't you have [REDACTED] ...

[REDACTED]: (Babbling) ...

INT A: What did you do with the [REDACTED] ...

[REDACTED]: [REDACTED] took it ... (babbling) ... [REDACTED] ...

B/3

INT B: Who took the money? ... you say [REDACTED] ...

B/3

[REDACTED]: Yes, [REDACTED] ... he sent the [REDACTED] back ...
(babbling) ...

INT A: (With this INT A switched the subject and examined the
Agent's mouth - asked him whether it was dry ... short
time spent in making Agent comfortable).

[REDACTED]: I'm sick (groans) ... I want to go to the hospital ...

INT A: [REDACTED] How old are you?

[REDACTED]: (Babbling) ... (no response) ...

INT A: [REDACTED] how many wives do you have? ...

[REDACTED]: (With obvious pleasure) ... two! ...

INT A: My! That's fine! Tell me, where does the second wife
live?

[REDACTED]: One of them is very good ... the one [REDACTED] ...

F

INT A: How many children do you have [REDACTED] ... (questioning
stopped while agent urinated.)

INT B: Has [REDACTED] met your wife? ... where
does [REDACTED] live?

B/3

[REDACTED]: In [REDACTED] ... F

B/3

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INT B: Ch [REDACTED] ... What business does he engage in? ...

[REDACTED]: I know [REDACTED] very well ... he is a businessman and has a great deal of money ... (agent became somewhat emotional for a short time). He is a good man - he often gives aid ...

INT B: [REDACTED] you are not poor now ... how much money do you have? ...

[REDACTED]: [REDACTED] he is here in this room ...

INT B: Who? ... What name? ... [REDACTED] He's in the house here ... which one is [REDACTED] ...

[REDACTED] (Agent became increasingly incoherent and again started to drone).

INT B: Who did you see in [REDACTED] ...

[REDACTED]: His name is [REDACTED] ... he lives [REDACTED] ... he is [REDACTED] ...

INT A: Where is [REDACTED] ... do you know where he lives? ...

[REDACTED]: He lives [REDACTED] ... he is too old ... [REDACTED] ...

INT B: Do you know [REDACTED] (or his wife)?

[REDACTED]: I know [REDACTED] very well ... he is an old friend of mine ... he is a communist ... works in the [REDACTED] ... I knew his wife very well ...

INT A: (Short time spent in making the agent more comfortable).

INT A: [REDACTED] do you know [REDACTED] ...

INT B: ... do you know this person?

[REDACTED] (Babbling) ... (no response) ...

INT B: [REDACTED] ... Is [REDACTED] your friend? ... do you know him? ... where does he live?

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ENCL #1 TO

[REDACTED]: I know [REDACTED] ... she works [REDACTED]
... in [REDACTED]

INT B: How many troops are in the [REDACTED]
[REDACTED] ...

[REDACTED]: (Incoherent) ... [REDACTED] ... no communists
... (bubbling)...

INT A: Interrogators again assured agent he among friends -
INT B: subject then switched).

INT B: [REDACTED] ... when were you in [REDACTED] last? ... how long
ago were you in [REDACTED]

[REDACTED]: (Confused) ... I've been away for about four months ...

INT A: What did you do with the [REDACTED] what was given you in
[REDACTED] ... Come, my friend, what did you do with
this money ... do you still have it? ...

[REDACTED]: I repaid my debt [REDACTED] ... (agent dozes) ...

INT B: What business [REDACTED] Does he run his own
business? ...

[REDACTED]: ... He runs [REDACTED] ... doesn't make very
much money ...

INT B: Did [REDACTED] come out [REDACTED] on this
last trip? ...

[REDACTED]: [REDACTED] did not come [REDACTED]

INT B: How many troops are [REDACTED] [REDACTED]

[REDACTED]: ... no troops in the [REDACTED]

INT B: Where is your headquarters [REDACTED]

[REDACTED]: The [REDACTED] ...

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ENCL #1 TO

INT A: (Agent dozes off and is awakened by INT A)

INT B: Who is [REDACTED] ... B/3

[REDACTED]: (No response ... babbling).

INT B: [REDACTED] who is your [REDACTED] ... Do you know? ...

[REDACTED]: [REDACTED]

INT A: (Awake agent) ...

[REDACTED]: (Not in answer to a specific question) ... there is no food ... funds are inadequate ... there is no money ... previously there was money ... now there is none ... F

INT B: What does it cost to go from [REDACTED] train? ...

[REDACTED]: The trainfare is at [REDACTED] ... (agent becomes incoherent and dozes off).

INT A: (Give agent light shake). B/3

A INT B: [REDACTED] ... Who am I [REDACTED]?

INT A: Who did you give the [REDACTED] to [REDACTED] ... what did you do with this money? ... F

[REDACTED]: [REDACTED] ... (Agent becomes incoherent ... babbles) ... I have already submitted my account).

INT A: (Agent again shaken ... told to wake up).

B/3 INT A: How many children do you have [REDACTED] ...

[REDACTED]: (No response ... babbling) ... (finally) [REDACTED] children. B/3

INT B: What business does [REDACTED] engage in?

[REDACTED]: He [REDACTED] ... B/3

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ENCL #1 TO

[REDACTED]
[REDACTED]
INT B: What does [REDACTED] do for you [REDACTED]

[REDACTED] He knows how [REDACTED]...

INT B: Does anyone else [REDACTED]...

[REDACTED] No, he has no assistant ...

INT B: Tell us [REDACTED] where [REDACTED]...

[REDACTED] (Incoherent) ... In the past the affairs [REDACTED] were in good order ... now they are not.

INT A: Where is [REDACTED]

[REDACTED] (Incoherent) ... I have money but I cannot spend it ... F

INT B: [REDACTED] listen ... where [REDACTED]

[REDACTED] All [REDACTED] is in [REDACTED] ... B/3

INT B: [REDACTED] ... do you perform intelligence activities [REDACTED]

[REDACTED] I myself do not, but my two subordinates, [REDACTED] are able to acquire intelligence ... B/3

INT B: I say [REDACTED], would you like to be an official with the communists?

[REDACTED] (Starts to doze) ... I cannot work for the communists, they would execute me ...

INT B: We can get you a position with the communists ...

[REDACTED] I do not want to be a communist official ...

INT A: [REDACTED] do you have any money? ... where is your money?

[REDACTED] I do not have any money ... (agent becoming incoherent and very sleepy) ...

[REDACTED]
[REDACTED] B/3 PAGE 14 OF 17 PAGES

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ENCL 1 TO [REDACTED]

INT B: [REDACTED] are there any people [REDACTED] who sell intel- F
ligence reports?

[REDACTED]: Sell what? ...

INT B: Are there any people [REDACTED] who sell intelligence? F
...

[REDACTED]: There are many such people [REDACTED], but no one
sells intelligence [REDACTED]... (agent very
sleepy) ...

INT B: Have you ever met any [REDACTED]?

[REDACTED]: I do not know any [REDACTED] ...

(Tape recording of the above interrogation enclosed herewith.
One reel, speed 1-7/8, Cycle 60)

VI. CONCLUSIONS:

A 1. It is the opinion [REDACTED] that [REDACTED] gave the B/3
above material spontaneously, truthfully and unwittingly. There
was no reason to doubt the success of ARTICHKE in this case for
the following reasons:

a. [REDACTED] mode of speech, choice of words, con-
text of his answers, and his reactions and behavior indicates a
true response to ARTICHKE. A better appreciation of this is of-
fered by listening to the enclosed tape.

b. Physical signs exhibited [REDACTED] should not be B/3
feigned and are the known and expected reactions to ARTICHKE.

(1) Increased heart rate. (120-135)

(2) Flushed and hot skin.

(3) Increased respiration rate.

(4) Dilated pupils that do not react to light
and accommodation.

c. The answers given by [REDACTED] checked out against
known material in [REDACTED]

B/3
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ENCL. #1 TO 2

d. Certain new items of information were given that had been previously withheld on the grounds of security; e.g., [redacted] personality, the disposal [redacted]; and the fact that [redacted] the two wives. B/3

e. The spontaneous queries made by [redacted] during the recovery period indicated that he had no recollection of what had transpired other than the fact that he was very sick. "I never been so sick before, but almost like this." [redacted] personally requested that his blood be drawn for laboratory examination to determine the cause and extent of his "severe illness." B/3

f. A monitored session between [redacted] and [redacted] the following [redacted] indicated that [redacted] had accepted the cover story given him and had no suspicion that anything was amiss. [redacted] was so impressed by the authenticity and seriousness of [redacted] illness that he assigned a cook [redacted] B/3

g. In conclusion, based on the available material from both operational and technical standpoints, it is the opinion of [redacted] that the bona fides of [redacted] is in order. The veracity of other specific items of information not covered in the above interrogation can be determined on an individual basis under standard operational procedures. A B/3

VII. APPENDIX:

1. It must be pointed out that [redacted] is conditioned to a high degree by his treatment and handling. This is purely a mental attitude built up and manifested in the mind of [redacted] Basically, according to [redacted] philosophy and outlook on life, [redacted] feels that he should be treated like a VIP because of his risks he has taken during his period in the [redacted] He was impressed by the fact that he was brought [redacted] However, upon reaching [redacted] he was placed in semi-isolation and allowed only limited access to [redacted] personnel and interrogated repeatedly. [redacted] has the feeling that he is mistreated, not trusted, and above all, not awarded the position and prestige due him. B/3 F F B/3

2. Should the above attitude persist, the possibility will exist that the future loyalty and effectiveness of [REDACTED] will be diminished, if not lost. B/3

3. Upon the recommendations of [REDACTED], corrective measures have been taken operationally to ameliorate the poor mental attitude of [REDACTED]. For example, these measures consist of more freedom of movement and activity more access to [REDACTED] personnel, and a [REDACTED]. A follow-up will be made to ascertain the results of the corrective measures taken. A B/3 F

A [REDACTED]

2 ENCLOSURES:

1. Medical Report (2 copies)
2. Tape Recording [REDACTED] (1 Reel) F

B/3

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-COPY / OF COPIES
ENCL #1 TO

A/B, 2, 20/4

ATTACHMENT #1 TO ATTACHMENT

H-B/3

MAR 16 1954

B/3

MEDICAL REPORT:

1. Using the cover of "medical treatment," [redacted] was given an intravenous injection of "fluids and vitamins." Incorporated into the initial injection was sodium luminal as a sedative. Upon recovery from the sedative effect of sodium luminal, [redacted] was carried on under sodium pentothal and scopolamine hydrobromide. Hypnosis was attempted in the last fifteen (15) minutes of the interrogation. It was brought out very clearly that our present techniques and methods of induction based on [redacted] The concept of certain abstract thoughts was not conveyed over to [redacted]

B/3

F

B/3

MEDICAL DESCRIPTION:

[redacted] IE not remarkable except for four false teeth (4 upper incisors). Height - 5' 6". Weight - 140#.

B/3

TIME: - 2000 Hours, 4 March 1954.

1000 cc 5% D/W with 2 cc Thiamine.
Hydrochloride and 10 mgm. of sodium luminal added (IV).
[redacted] feels fine.
Pulse 98 RR 20 BP 120/80.

TIME: - 2025 Hours, 4 March 1954.

B/3

500 cc of above solution given.
1/150 atropine sulfate IM (given as vitamin shot).
[redacted] very drowsy - half asleep.
Answers when aroused.
Cardinal signs - no change.

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CCNY 1 OF 3 COPIES

B/3

TIME: - 2135 Hours, 4 March 1954.

5 cc - 2% sodium pentothal (IV).

1/150 gr scopolamine hydrobromide IM.

Wanted to void - fell asleep.

Catheterized 500 cc urine.

Cardinal signs - no change.

TIME: - 2235 Hours, 4 March 1954.

1/150 gr scopolamine hydrobromide.

Caffeine sulfate (IV) (10 min).

Reacts under stimuli.

Exhibits imaginary "lugs" from face. Attempts to answer but can only mumble.

Indec 135 IM 22 BP 120/70

TIME: - 2330 Hours, 4 March 1954.

1/150 gr scopolamine hydrobromide.

Wanted to void - fell asleep.

Cardinal signs - no change.

1/150 gr scopolamine hydrobromide IM q 1 hr x 4 then q 30 min x 3.

TIME: - 0400 Hours, 5 March 1954.

Productive when aroused and answers most of the questions asked.

Good response to scopolamine hydrobromide.

All the usual signs and symptoms present that are indicative of scopolamine intoxication and influence.

1/75 gr scopolamine hydrobromide IM q 30 min x 3.

TIME: - 0715 Hours, 5 March 1954.

All medication stopped when vomiting. Maximum tolerance point reached.

From 0715 Hours to 0730 Hours, hypnosis was attempted. Final conclusion is that methods of induction used not acceptable to [redacted] F

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CCNY 1 OF CCIES

[REDACTED]

TTE: - 0750 Hours, 5 March 1954.

1/2 cc Ephedrine sulfate IM.

2 cc Sodium luminal IM.

[REDACTED] allowed to sleep until he woke up normally. B/3

3. It is the opinion of [REDACTED] that a standard procedure could not be worked out. On the contrary, each case will have to be handled on an individual basis and on the circumstances as they arise. A

[REDACTED]

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[REDACTED]